

Consent for the Release of Confidential Alcohol or Drug Treatment Information

Developed by Substance Abuse and Mental Health Services Administration (TAPS 13)

I, _____, authorize
(Name of Resident)

(Name or general designation of program making disclosure)

to disclose to _____
(Name of person or organization to which disclosure is to be made)

the following information: _____
(Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to: _____
(Purpose of disclosure as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Dated: _____

Signature of resident

Signature of parent, guardian or authorized
representative when required

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Sponsored by the Department of Public Health, Bureau of Substance Abuse Services
Facilitated by The Quality Improvement Collaborative